CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR. BRIAN NICKNAME LAST ORFESE	SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE grtown TX 78633	APR 2 5 2019 By	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 784-1687	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. BRIAN NICKNAME LAST DRTE90	SUFFIX	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE#; CITY; STATE; 66029ETOWN TX	ZIP CODE 78633	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 784-1687	EXTENSION		
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical states and the states are states as a second state of the states are states are states as a second state of the states are states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the st		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	04 / 03 / 2019	THROUGH Month	25 / 2019	
11 ELECTION	Month Day Year Primary 05 04 2019 General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Georgetow School TRM	N ISO Istee, Place 2	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME MR. BRI	AN KEVIN	ORtego 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTE SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NO OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Lagos		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0,00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 269.27
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ \$\alpha 69.37\$ 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$\alpha 5.00\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00		
18 AFFIDAVIT	Ni-	I swear, or affirm, under penalty of perj	Curv that the accompanying report is
	CARMEN DON HOTARY PUBLIC - STATE OF 1 10# 1 1 8 8 9 8 8 COMM. SEP. 02-29-20	true and correct and includes all informunder Title 15, Election Code.	
		Signature of Candid	ate or Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE	,	
Sworn to and subsc	. ^	by the said Brian Ortego to certify which, witness my hand and seal of office.	, this the _25
Carnent	Donel	Cormen Domel Secto	Bd of Trustees
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	MR. BRIAN KEVIN ORTEGO 20 Filer ID (Ethics Con		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
14	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 269.27	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule G:	MR. BRIAN KEVIN DRTEGO	3 Filer ID (Ethics Commission Filers)	
4 Date 04/03/2019	5 Payee name Office Offot		
6 Amount (\$) 21. L. 5 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1013 W UNIVERSITY WOLF RANCH Georgetown, Tx 78628		
8 PURPOSE OF EXPENDITURE	Particle Expense	tside of Texas. Complete Schedule T. . TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought BRIAN KEVW DRTEGO G150 School TRUS	Office held Let Place 2 NONE	
Date 04/03/2019	Payee name OFFICE DEPOT		
Amount (\$) 10.83	Payee address; City; State; Zip Code 1013 W UNIVERSITY WOLF RANC	H	
Reimbursement from political contributions intended	Georgetown, TX 78628		
PURPOSE OF EXPENDITURE	VOINTING EXABREE	side of Texas. Complete Schedule T. TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought OH BRIAN KEVIN ORTEGO GISO Schooling	ustee, Place 2 No Ne	
04/08/2019	Payee name OFFICE DEpot		
Amount (\$) 14.31 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1013 W UNIVERSITY WOLF RANCH GOODSTOWN, TX 78628		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH BRIAN KEVNORTEGE GISD School Towker, Place 2 NONE			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME BRIAN KEVIN DRIEgo 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City; State; Zip Code 1013 W UNIVERSITY WOLF RANCH Georgetown, TX 78628 political contributions (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. PRINTING EXPENSE **EXPENDITURE** ___ Check if Austin, TX, officeholder living expense Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH BRIAN KEVIN DRIEgo GISO School Trustee PLACE 2 NONE Payee address; City; State; Zip Code

1 HACKER WAY, MENIO PARK, CA 94025 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising EXPENSE Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Complete ONLY if direct BRIAN KEVIN ORTEGO GISO School TRUSTER, MARE Z expenditure to benefit C/OH NONC Payee name

FACE BOOK BUSINERS 1 HAUKER WAY, MENTO PARK, CA 94025 political contributions . intended **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. OF Advertising Edpense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH NONC ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Magas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME MR. BRIAN KEVIN ORtege 3 Filer ID (Ethics Commission Filers)
04/24/19	FACE BOOK BUSINESS
6 Amount (\$) 33,86 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Aller fising Enpense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name, Office sought Office held OH BRIAN Kevin Det 20 6150 School Trustee Place NONE
04/24/2019	Payee name FACE BOOK BUSINESS
Amount (\$) // 2 @ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 HAUKEL WAY, Mexlo PANK, CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AUVENTISING EXPENSE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name Office sought Office held OH BRIAN KENIN ORTEGE GISD School TRUSTER, Place 2 MINE
04 /25 /2019	Payee name + HACE BOOK BUSINESS
Amount (\$) 84.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 HACKER WAY, MENCO PANK, CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ### Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held OFFICE SOUGHT OFFICE O
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED